

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000004240 (5)**  
 1. Corporation Name  
**KNB INCORPORATED**



Principal Place of Business <b>WHELAND BUSINESS PARK 757 SPRINGDALE DR. EXTON PA 18341</b>	Mailing Address <b>WHELAND BUSINESS PARK 757 SPRINGDALE DR. EXTON PA 18341</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2400 S. MicroAge Way</b> Suite, Apt #, etc		2a. Mailing Address 26 <b>2400 S. MicroAge Way</b> Suite, Apt #, etc		3. Date Incorporated or Qualified <b>08/20/1996</b>	
22 City & State 23 <b>Tempe, AZ</b>		27 City & State 28 <b>Tempe, AZ</b>		4. FEI Number <b>23-2505715</b> Applied For Not Applicable	
29 <b>85282</b>		30 <b>85282</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
31 <b>85282</b>		32 <b>85282</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

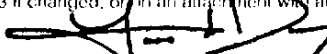
8. Name and Address of Current Registered Agent <b>CURRY, ROBERT S 833 CLINTMOORE ROAD BOCA RATON FL 33487</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85				85 Zip Code <b>FL</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>CPS</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BECKER, STEVEN R</b>		1.2 NAME	<b>Jeffrey M. Swanson</b>	
STREET ADDRESS	<b>757 SPRINGDALE DR.</b>		1.3 STREET ADDRESS	<b>2400 S. MicroAge Way</b>	
CITY-ST-ZIP	<b>EXTON PA 18341</b>		1.4 CITY-ST-ZIP	<b>Tempe, Arizona 85282-1896</b>	
TITLE	<b>TCFO</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP, AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CURRY, ROBERT S</b>		2.2 NAME	<b>James H. Domaz</b>	
STREET ADDRESS	<b>757 SPRINGDALE DR.</b>		2.3 STREET ADDRESS	<b>2400 S. MicroAge Way</b>	
CITY-ST-ZIP	<b>EXTON PA 18341</b>		2.4 CITY-ST-ZIP	<b>Tempe, Arizona 85282-1896</b>	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	<b>Jeffrey D. McKeever</b>	
STREET ADDRESS			3.3 STREET ADDRESS	<b>2400 S. MicroAge Way</b>	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	<b>Tempe, Arizona 85282-1896</b>	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	<b>John S. Lewis</b>	
STREET ADDRESS			4.3 STREET ADDRESS	<b>2400 S. MicroAge Way</b>	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<b>Tempe, Arizona 85282-1896</b>	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  Vice President, Assistant Secretary 2/18/98

CR2E034 (10/97)

**KNB Incorporated (acquired 7/07/97)**  
**MicroAge - owned location at Whiteland Business Park, 575**  
**Springdale Drive, Exton, PA 19341-2883**  
**(additional locations in Pittsburgh, PA and Boca Raton, FL)**

<b>Office</b>	<b>Name</b>	<b>Appointed</b>
Chairman of the Board	Jeffrey D. McKeever	7/07/97
Director and Secretary	John S. Lewis	11/03/97
President	Jeffrey M. Swanson	7/07/97
Vice President - Sales	Linda C. Furse	7/07/97
Vice President - Administration	Alan R. Lyons	7/07/97
Treasurer	James R. Daniel	7/07/97
Vice President, Corporate Counsel and Asst. Secretary	James H. Domaz	11/03/97
Assistant Treasurer	Raymond L. Storck	7/07/97